



**DMH Peer Support
Specialist Professional
RENEWAL DEADLINE:**

SEPTEMBER 30, 2025

RENEWAL QUESTIONS:

Questions regarding renewal should be directed to:

**DMH Division of Peer Recovery and Support staff at
carolyn.scott@dmh.ms.gov OR
(601) 359-6671.**

**DMH Peer Support Specialist Professional
2025 Renewal Instructions (CERTIFIED)**

1. **COMPLETE** the applicable form(s) along with your renewal fee payment:
 - Renewal Application Form – (Both pages **must be signed by the renewal applicant IN BLUE INK** and dated)
 - Renewal Verification of Employment Form (**IF REQUIRED**-Refer to “Verifying Employment” below)
 - **\$20.00 Renewal Fee** – payable by mailed check/money order OR online through PLACE Online Payment Portal (Refer to “Online Renewal Option” section below)
DO NOT send cash; **MAKE CHECK/MONEY ORDER PAYABLE TO: MS DEPARTMENT OF MENTAL HEALTH**
 - Late Renewal Fee is an additional **\$25.00**
2. **SUBMIT** your completed renewal packet (**including the renewal fee**) to the following address:

Mississippi Department of Mental Health (DMH)
Division of Peer Recovery and Support
239 North Lamar Street
1101 Robert E. Lee Building
Jackson, MS 39201
Attn: Peer Support Renewal

 - The completed renewal packet should be submitted as soon as possible, but NO **LATER THAN 5:00 p.m., Tuesday, September 30, 2025.** Postmark dates are not considered; **only the date of receipt counts towards meeting the renewal requirement.**
3. **SUCCESSFUL RENEWAL** - Once successfully renewed, **you will receive a confirmation email** containing a renewal document which indicates continued certification/licensure for the next two-year certification/licensure period. To receive this email, **please include a valid email address on the Renewal Application Form.** Your Staff Development Officer(s) (SDO) will also receive an email confirmation of your renewal. Renewal of professional certification/licensure is required on or before the **September 30, 2025, renewal deadline** in order to maintain “Current” status. **Failure to meet renewal requirements in a timely manner will result in a change of status from Current to Lapsed on October 1, 2025.**

RENEWAL QUESTIONS - CONTACT:

DMH Peer Support Administrative Support Specialist: Carolyn Scott carolyn.scott@dmh.ms.gov

The DMH CPSSP Standards & Requirements are available online: www.dmh.ms.gov. Once on this website, click “SERVICE OPTIONS” then “PEER SUPPORT SERVICES.” The link is entitled, “DMH Peer Support Specialist Professional Standards & Requirements.”

-IMPORTANT RENEWAL INFORMATION PLEASE READ-

Verifying Continuing Education (CEs):

- **Renewal continuing education (CE) hours are NOT REPORTED AT THE TIME OF RENEWAL. Sufficient documentation to this effect (e.g., training records; computerized staff development printouts; official college transcripts, if utilizing college credit) should be housed with the Staff Development Officer (SDO) at your current place of employment. You should also keep a personal copy of your continuing education (CE) records.**
- **If you are unsure who your program's designated SDO is, please contact your Human Resources Department for assistance. (NOTE: If you change employment during a renewal cycle, it is your responsibility to provide your current SDO a copy of any training records from your previous place of employment that are needed to fulfill your renewal continuing education (CE) requirement.)**
- **A minimum of 16 appropriate continuing education (CE) hours accrued between September 30, 2023, and September 30, 2025, are required to renew.**
- **If you obtained your CPSSP credential after the beginning of the current certification/licensure period (September 30, 2025) you can still count appropriate CE hours which were earned prior to having received your credential, as long as these appropriate CE hours fall within the aforementioned time frame.**
- **The proration of creditable CEs will be calculated on a scale as follows:**

Months of Certification	Hours of Creditable CEs
48 – 37	16 hours
36 – 25	13 hours
24 – 13	10 hours
12 – 07	5 hours
06 – 0	0

- Examples of eligible course content are listed in the CPSSP Standards. Any educational training, seminars, workshops, or post-secondary courses or any combination that builds knowledge and skills necessary to perform a job task, is eligible for training credit.
- **Up to one-half of the required 16 continuing education (CE) hours may be counted if you presented in an applicable training event.** Also, appropriate college level credit from an approved educational institution will be accepted to fulfill the continuing education (CE) requirement; one three (3) semester hour course (or its equivalent) is considered to equal 30 continuing education (CE) hours. If you are unsure whether a particular conference/workshop etc., will count towards your continuing education (CE) requirement, please have your Staff Development Officer (SDO) contact the Division of Peer Recovery and Support.
- **The DMH Division of PLACE and Peer Recovery & Support reserves the right to audit continuing education (CE) records of renewed individuals to determine compliance with the renewal continuing education (CE) requirement. If audited, you (in conjunction with your SDO) will be required to produce documentation to validate your completion of the renewal continuing education (CE) requirement. Your signature on the Renewal Application Form denotes your understanding of this requirement.**

Verifying Employment:

- You only need to submit the Renewal Verification of Employment Form (page 5) with your renewal packet IF your place of employment has changed. If your place of employment has changed AND you have not already updated your employment information with the DMH Division of Peer Recovery and Support, then you need to include a completed Renewal Verification of Employment Form in your renewal packet. Otherwise, you do not need to submit this form.
- A change in “place of employment” refers to a change in your overall employer (agency/organization) NOT your specific job title.

Online Renewal Option:

- To renew certification online, please see instructions below:
 - Print and complete the CPSSP Renewal Application Form and Verification of Employment Form (if applicable). Email form(s) to Carolyn Scott at carolyn.scott@dmh.ms.gov no later than 5:00p.m. on September 30, 2025.
 - Payment of recertification fees can be made online through the PLACE Online Payment Portal. Go to www.dmh.ms.gov/providers/place and click on the “Place Online Fee Payments” link on the right-hand menu. Follow the prompts to complete the payment process.
- **IMPORTANT:** You must choose between online renewal and mail renewal. If you email your renewal application, you must also pay your fees online. If you choose to mail in your renewal application, you must also mail your fee payment. The entire process must be completed either all by mail or all online.

○ CPSSP RENEWAL APPLICATION FORM - 2025

This is a two-paged form.

Personal Information (please print)

☐ Check here if any information 1-7 has changed

- ☐ Mr.
1. Name: ☐ Ms. _____ 2. Social Security #: XXX-XX - _____
☐ Dr. _____ (Last 4 Digits)
2. Email Address: _____
(Email address is required)
3. Mailing Address: _____
(Street or P.O. Box)
- _____
(City) (State) (Zip Code)
4. Home/Cell Phone #: _____ 5. Work Phone #: _____

-Employment Information-

6. My current job title/position is: _____
7. I am currently employed at the following mental health center/agency/organization:

List the name of your Current Employer Here

8. CHECK **ONE** of the two (2) options below and follow the corresponding directions:

- ☐ I **DO NOT** need to report a change in my place of employment. **DO NOT** submit a Renewal Verification Employment Form with your renewal packet; this form is only required if you are reporting a change in your place of employment.
- ☐ I **DO** need to report a change in my place of employment.
SUBMIT an updated Renewal Verification of Employment Form with your renewal packet to denote your change in employment; be sure and follow the directions on the form.

-Renewal Applicant's Statements of Assurance-

I agree that I am the person who completed this application; that I am currently employed in the "state mental health system," as described in the *DMH Peer Support Specialist Professional Standards & Requirements; **that I have met all continuing education (CE) renewal requirements and understand that my renewal CE records may be audited by DMH for compliance and that documentation to this effect must be housed with my organization's designated Staff Development Officer(s);** I agree that the statements contained in this Renewal Application are true in every respect; and, that **I will conform to the Principles of Ethical and Professional Conduct of the Mississippi Department of Mental Health. Failure to agree with these terms of renewal will delay and/or prohibit your ability to renew successfully.**

Renewal Applicant Must Sign in **BLUE INK**

Renewal Applicant's Printed/Typed Name: _____ **SSN:** XXX-XX-_____
(Last 4 Digits)

➡ **Signature of Renewal Applicant** _____
* ➡ (Signature in Blue Ink) ***

➡ **Date:** _____

-Individuals Choosing NOT TO RENEW (or Requesting Inactive Status)-

I **DO NOT** wish to renew my CPSS credential. I am returning this notice and request **ONE** of the options below (check one):

_____ **Retired Status**

_____ **Inactive Status**

_____ **Relinquished Status** (Request must be accompanied by original wall certificate);

_____ **Lapsed Status** (Your credential will automatically Lapse on October 1, 2025, if you do not renew.)

INCLUDE your Name and Social Security# on Page 3 of this form (along with any change of address, telephone number, etc.). **SIGN IN BLUE INK and DATE** this section only.

Signature **IN BLUE INK** (required) **Date**

FOR OFFICE USE ONLY

Date Application Packet Received: _____ Last Four Digits of Applicant's SSN: _____

Date Application Reviewed: _____ Reviewer Initials: _____

- ☐ Completed Renewal Application Form ☐ A Check/MO for **\$20.00**. Date Received (If Received Separately): _____
☐ **AFTER September 30th** Late Renewal Fee Received - Date Received: _____
☐ Date Renewal Email/Mail Confirm Sent: _____ ☐ Date Problem Letter/Request for More Information Sent: _____

RENEWAL VERIFICATION OF EMPLOYMENT FORM

Directions: This form is to be completed by the **Personnel Officer** at the Renewal Applicant's **current** place of employment. Please type or print **ALL INFORMATION**. Fill in every blank or check the appropriate boxes. Upon completion, **the Personnel Officer should seal the form in an envelope and sign his/her name across the envelope's seal**. The signature on the envelope should match the signature on the enclosed form. The Personnel Officer should then **return the sealed envelope to the Renewal Applicant** for submission to the Division.

1. Employment:

Renewal Applicant/Employee's Name & SSN	Renewal Applicant/Employee Name:
	Social Security Number: XXX-XX-_____ <div style="text-align: right; font-size: small;">(Last 4 Digits)</div>
Renewal Applicant/Employee's Current Place of Employment & Place of Employment (Physical) Street Address	Overall Agency/Organization/Program Name:
	Place of Employment (Physical) Street Address (Information must be included):
Renewal Applicant/Employee's Date of Hire <small>(Only Report a Single Date of Hire)</small>	_____ / _____ / _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>
Renewal Applicant/Employee's Job Title	

2. Background Check: (No one will be credentialed without proof of criminal background checks.)

As appropriate to the Applicant's position and professional responsibilities, have background checks been conducted regarding this Applicant? ☐ YES ☐ NO (Provide explanation)

Explanation: _____

3. State Mental Health System Qualification: (Check the appropriate qualification).

a. This applicant/employee **currently** works for an agency/organization which is **certified and/or funded** by the Mississippi Department of Mental Health. ☐ YES ☐ NO

4. CPSS Supervisor's Name (Please Print) _____

(Printed or typed)

Email Address: _____

Phone: _____

5. Personnel Officer's Name: _____

(Printed or Typed)
Email:

Signature of Human Resource Officer

Date